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Sarah Wilcox

Printed name of person mailing correspondence

Signature of person mailing correspondence

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Faustman et al.

Confirmation No.: 1044

Serial No.: 10/775,487

Art Unit: 1644

Filed: February 10, 2004

Examiner: Zachary S. Skelding

Customer No.: 21559

Title: METHODS FOR DIAGNOSING AND TREATING AUTOIMMUNE DISEASE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL OF SUPPLEMENTAL APPLICATION DATA SHEET

Transmitted herewith is a Supplemental Application Data Sheet for the above-referenced application. If there are any charges or any credits, please apply them to Deposit Account No. 03-2095.

Respectfully submitted,

Todd Aamstad, Ph.D.
Reg. No. 54,590

Date: 13 August 2007

for Paul T. Clark
Reg. No. 30,162

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Supplemental Application Data Sheet

Application Information

Application number:	<u>10/775,487</u>
Filing Date:	<u>02/10/04</u>
Application Type:	Regular
Subject Matter:	Continuation
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R?:	None
Number of CD disks:	
Number of copies of CDs:	
Sequence submission?:	None
Computer Readable Form (CRF)?:	No
Number of copies of CRF:	None
Title:	Methods for Diagnosing and Treating Autoimmune Disease
Attorney Docket Number:	47633/1124 <u>00786/457003</u>
Request of Early Publication?:	No
Request of Non-Publication?:	No
Suggested Drawing Figure:	Figure 1
Total Drawing Sheets:	35
Small Entity?:	Yes
Petition Included?:	Yes
Petition Type:	
Licensed US Govt. Agency:	

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type: Inventor

Primary Citizenship Country: USA

Status: Full Capacity

Given Name: Denise

Middle Name: L.

Family Name: Faustman

Name Suffix:

City of Residence: ~~Weston~~ Boston

State or Province of Residence: MA

Country of Residence: USA

Street of mailing address: ~~74 Pinecroft Road~~ 180 Beacon St., #11G

City of mailing address: ~~Weston~~ Boston

State or Province of mailing address: MA

Country of mailing address: USA

Postal or Zip Code of mailing address: ~~02193~~ 02116

Applicant Authority Type: Inventor

Primary Citizenship Country: Japan

Status: Full Capacity

Given Name: Takuma

Middle Name:

Family Name: Hayashi
Name Suffix:
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State or Province of Residence: MA
Country of Residence: USA
Street of mailing address: 40 Sprague Street
City of mailing address: Malden
State or Province of mailing address: MA
Country of mailing address: USA
Postal or Zip Code of mailing address: 02148

Correspondence Information

Correspondence Customer Number: 21559

Representative Information

Representative Customer Number: 21559

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This Application	Is a Continuation of	09/258,682	02/26/1999
Which is a	Continuation-in-Part of	09/031,629	02/27/1998

Foreign Priority Information

Country:	Application Number:	Filing Date:	Priority Claimed:
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Assignee Information

Assignee name:	General Hospital Corporation
Street of mailing address:	<u>55 Fruit Street</u>
City of mailing address:	<u>Boston</u>
State of Province of mailing address:	<u>MA</u>
Country of mailing address:	<u>US</u>
Postal or Zip Code of mailing address:	<u>02114</u>